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DEL PUEBLO DE LOS ESTADOS UNIDOS DE AMÉRICA

USAID|Central America Capacity Project

Strengthening the Quality of Care and Improving the Quality of Life for People Living with HIV and Other Vulnerable Populations Program

Cooperative Agreement No. AID-596-LA-11-00001

Annual Report Project Year Five
(October 2014 to September 2015)

Guatemala, January 15, 2016

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ACRONYMS/ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CCM	Country Coordination Mechanism
CoC	Continuum of Care
COMISCA	Central American Council of Health Ministers
CONASIDA	National AIDS Commissions
CONE	National Nursing Council
CCR	Coordinated Community Response
CQI	Continuous Quality Improvement
DECAP	Training Department
DGRRHH	Directorate General of Human Resources
ENEO	Nursing School of the West
FY	Fiscal Year
GF	Global Fund
GARPR	Global AIDS Response Progress Reporting
HEPP	Health and Education Policy Project
HIV	Human Immunodeficiency Virus
HRIS	Human Resources Information System
HRM	Human Resources Management
IAAS	Infections Associated with Health Care
IAPAC	International Association of Providers of AIDS Care
IEPROES	El Salvador Institute for Specialized Higher Education
KP	Key Population
LFP	Learning for Performance
MARPS	Most at risk populations
MOH	Ministry of Health
MSM	Men Having Sex with Men
M&E	Monitoring and Evaluation
NAC	National AIDS Commission
NAP	National AIDS Program
NGO	Nongovernmental Organization
ONSEC	National Civil Service Office
OPQ	Optimizing Performance for Quality
PAHO	Pan American Health Organization
PHDP	Positive Health with Dignity and Prevention
PEPFAR	President's Emergency Plan for AIDS Relief
PLWH	People Living with HIV
PSI	Population Services International
ONSEC	National Civil Service Office (Guatemala)

REDCA+	Central America Network of PLWH
RCM	Regional Coordinating Commission
SIAF	Sistema Integrado de Administración Financiera
SNU	Sub National Units
SIRAH	Sistema Informático de Administración de Recursos Humanos
SMS	Simple Messaging Systems
SSI	Social Security Institute
STI	Sexually Transmitted Infection
TA	Technical Assistant
TB	Tuberculosis
TTPO	Technical Team for Performance Optimization
UNAIDS	Joint United Nations Program on HIV/AIDS
UNASA	Universidad Autónoma de Santa Ana
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

This report documents actions implemented under the USAID | Central America Capacity Project, Cooperative Agreement No. AID-596-LA-11-00001.

Implementation continued in Project Year V (October 2014 – September 2015) in accordance with the work and monitoring and evaluation plans in Belize, Costa Rica, El Salvador, Guatemala and Panama through the Continuum of Care (CoC) framework including: Optimizing Performance for Quality (OPQ); Learning for Performance (LFP); the Coordinated Community Response (CCR); prevention of nosocomial infections; a human resources information system (HRIS); and updating the HIV curricula in training institutions.

During the fourth quarter, USAID informed their implementing agencies that technical assistance (TA) for the coming year will follow the Cascade of the Continuum of Care for HIV to achieve the 90-90-90 goals in each country. Due to this shift, during the last quarter there were changes in programmatic goals and activities to prepare for the transition in the countries to a focus on adherence to treatment.

During the past year the Project continued alliances with the Global Fund (GF) projects, the Pan American Health Organization (PAHO), the Joint United Nations Programme on AIDS (UNAIDS), the Regional Coordination Mechanism (RCM) and the Central American Council of Health Ministers (COMISCA) among others, to develop strategies and actions under a shared vision.

The Project provided TA to 76 hospitals, 83 health centers, 41 multisector networks and 21 health personnel training institutions. The TA consisted of: strengthening the counterpart's capacity to implement the quality methodology; following up on infections associated with healthcare (IAAS); developing competencies of pre and in-service personnel in topics related to HIV and biosafety; forming and following up on the multisector networks for HIV to deliver quality care and treatment from the community to the health services; and, in Guatemala, the strengthening of the HRIS.

In regards to the institutionalization of the quality methodology: Belize is pending approval of the standards for use in all health services; Guatemala and El Salvador are implementing Continuous Quality Improvement; and Costa Rica, Panama and Belize are progressing in the institutionalization process.

The Project developed a regional document "Methodological Framework to Guide the Adherence Strategy". This document serves as a guide for the National AIDS Programs (NAP) together with decision makers and key country personnel to define their national

adherence strategies. This effort positioned the Project as the principal partner on adherence for the NAPs.

The most outstanding achievement for the multisector networks was the coordination with the health services for an improved environment for people living with HIV (PLWH), men who have sex with men (MSM) and transgender females to promote adherence to treatment under the Cascade of Care to achieve the 90-90-90 goals.

Based on the surveillance studies for the prevention of IAAS, the Ministries of Health (MOH) and the Panamanian Social Security Institute (SSI) updated their protocols and gave their personnel competency training. The Project is providing TA to Belize in the revision of their national norms.

The Project provided in-service training to 2,110 people in OPQ, LFP, Biosafety, Stigma and Discrimination, and Adherence. Furthermore, 103 teaching faculty received pre-service training and 1,282 network members representing governmental, non-governmental and the civil society sectors achieved competencies in thematic areas such as: Stigma and Discrimination; Positive Health with Dignity and Prevention; and Adherence to ART.

The Project provided TA to Guatemala to develop and implement HRIS training for the personnel implementing the data base. The contracts and training modules were concluded and implemented. The National Civil Service Office (ONSEC) expressed interest in expanding the contracts system to all branches of the government. However, due to the timing of a transition to a new government, they are awaiting a final decision of the new authorities. The initial commitment would be to extend the system through the Ministry of Finance that oversees contracts workers.

The Project continued with TA to update the HIV curricula in 21 higher education institutions in such areas as: Stigma and Discrimination, Biosafety; Post-exposure prophylaxis; HIV-test counseling; and ART.

Beginning next quarter, the Project will provide TA to Belize, El Salvador, Guatemala and Panama. In Costa Rica the Project will provide follow up to a transition process during the first two quarters of the fiscal year.

Financial Summary:

FY 2015 began with a pipeline of $1,135,193. MOD 9 (January 15, 2015) added $1,425,000 and MOD 10 (May 8, 2015) added $1,236,883. During the FY the Project executed $2,842,609 and ended with a pipeline of $954,467. During FY2015 the Project raised $1,685,820, or 102 percent, of the required cost-share amount of $1,665,000.

1. EXPANSION AND INSTITUTIONALIZATION OF THE "OPTIMIZING PERFORMANCE AND QUALITY (OPQ)" METHODOLOGY IN FIVE COUNTRIES IN THE REGION

Improve the performance of health workers who provide care and treatment to people living with HIV, as well as integrate comprehensive HIV treatment and care services with community-based support; ensuring that clinical services, home care, and support groups complement each other and promote opportunities for prevention as part of comprehensive care and service delivery.

➢ IMPROVE THE PERFORMANCE OF THE PERSONNEL PROVIDING CARE AND TREATMENT TO PLWH

During the past year the Project provided TA to the Costa Rican MOH and SSI at the central and local levels seeking sustainability and institutionalization of OPQ/Continuous Quality Improvement (CQI).

During the reporting period the Project provided TA to reach 92% (70/76) of the target for hospital performance measurements. In each case, internal quality teams participated with the MOH and Social Security Institute central level quality unit. Belize was only able to conduct performance measurements in three of the four hospitals; the rest have been scheduled to have their measurement during the first quarter of next year at the request of the MOH due to the changes in the Project focus. In Costa Rica two hospitals are awaiting measurement due to the institutionalization of the OPQ process.

Table 1.1 Percentage of health services that have completed a performance measurement in the reporting period, October 2014 to September 2015

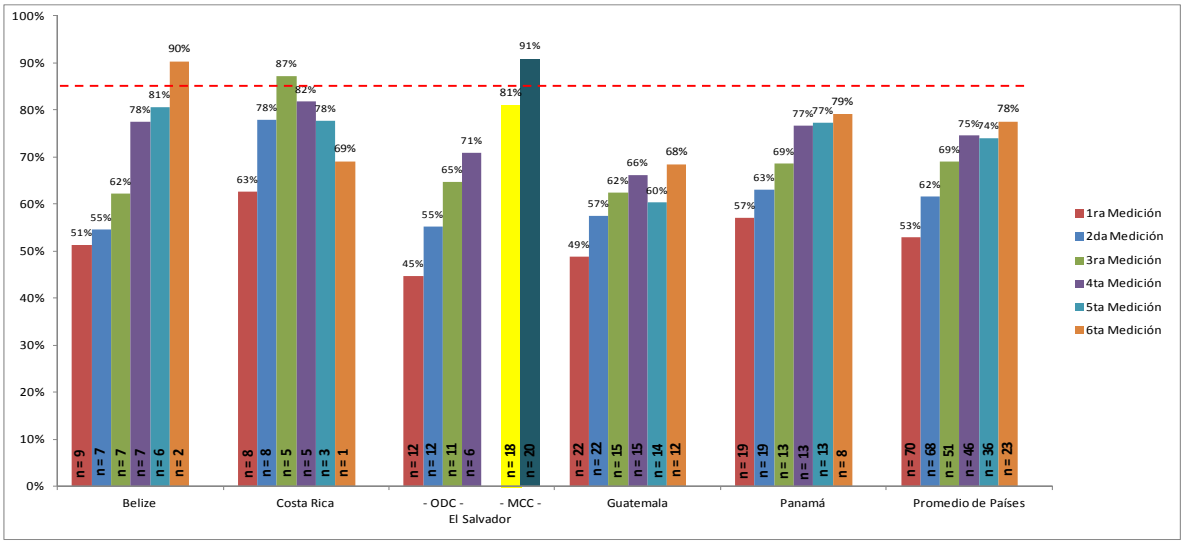
#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
1.1.1	**% of health services that have completed a performance measurement in the reporting period**	30% (23 of 76)	43% (33 of 76)		100% (76 of 76)	92% (70 of 76)
	Belize	57% (4 of 7)	43% (3 of 7)		100% (7 of 7)	43% (3 of 7)
	Costa Rica	50% (4 of 8)	38% (3 of 8)		100% (8 of 8)	75% (6 of 8)
	El Salvador	40% (8 of 20)	100% (20 of 20)		100% (20 of 20)	100% (20 of 20)
	Guatemala	NA	NA		100% (22 of 22)	100% (22 of 22)
	Panama	37% (7 of 19)	37% (7 of 19)		100% (19 of 19)	100% (19 de 19)

Source: M&E of USAID| Central America Capacity Project

In Belize, Guatemala, and Panama there was a trend for improvement due to the involvement of the services administration that facilitated the management of supplies and resources necessary for service delivery. In Graph 1.1 below, the first four bars for El Salvador show results obtained through application of OPQ, whereas the following two bars (2014 and 2015) show the results using the national Continuous Quality Improvement (CQI) methodology, in which health services perform self-bimonthly assessments of 28 indicators. Both methodologies showed a continuing trend of improvement in the hospitals supported by the Project*.

In Costa Rica there has been a downward trend after the third measurement (although data only exists for one hospital in the fifth measurement). Since 2014 the Project has focused TA to smaller hospitals with less technical and financial resources available to maintain improvements (Max Peralta of Cartago and Escalante Pradilla of Pérez Zeledon) than the larger hospitals in the capital; therefore, the data for the two periods for Costa Rica in Graph 1.1 are not comparable.

Graph 1.1 Average hospital overall performance measurement results by country and for the region, to September 2015



M&E Source: M&E of USAID| Central America Capacity Project

* El Salvador OPQ and CQI (ODC and MCC in its initials in Spanish, respectively) measurements are not comparable

Following the measurements the hospitals develop intervention plans to close performance gaps. Afterwards the MOH teams, with Project assistance, conduct site monitoring visits to check on execution of the plans. During the past year, 38 (50%) hospitals developed their intervention plan. The percentage of the target is below 90% due to the scheduled measurements for this fiscal year will be performed during the first two quarters. This is part of the transition process of Fast Track. The intervention plans are a result of the

measurements. (Table 1.2 and please refer to the country annexes for more detailed information).

Belize completed its plans in accordance with the results of the measurements.

- The only work plan pending, following the measurement in Costa Rica, is Max Peralta Hospital.
- In El Salvador, despite internal CQI self-measurements by the health services, the hospitals have not shared their updated work plans with the authorities. It is expected that the hospitals will deliver their updated work plans to the authorities by the first quarter of the coming fiscal year.

Twelve hospitals in Panama conducted measurements and developed their intervention plans during the past quarter. However, the central level authorities focused on institutionalizing the methodology and postponed approval of the intervention plans to the first quarter of the next fiscal year.

Table 1.2 Number of health services that have an OPQ gap-closing plan in accordance with the last measurement, October 2014 to September 2015.

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.1.2	**# of health services that have an OPQ gap-closing plan in accordance with the last measurement**	23	12		76	38	50% (38 of 76)
	Belize	4	0		7	3	43% (3 of 7)
	Costa Rica	4	3		8	5	63% (5 of 8)
	El Salvador	8	3		20	3	15% (3 of 20)
	Guatemala	NA	NA		22	21	95% (21 of 22)
	Panama	7	6		19	6	32% (6 of 19)

Source: M&E of USAID| Central America Capacity Project

In Guatemala and Panama there was a rotation of key MOH personnel which led to a lack of financial resources and strikes. This situation affected the hospital services quality performance. (See Table 1.3 and the country annexes for details on measurement results).

The number of hospitals that achieved their performance target according to the order of their performance measurement round were: 3/7 in Belize; 4/8 in Costa Rica; 17/17 in El Salvador; 5/22 in Guatemala; and 6/19 in Panama for a regional total of 37/45 (82%). (Table 1.4)

Table 1.3 Percentage of health services that improved their total score with regard to their last performance improvement measurement, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
	# of health services that have improved their global score in regards to their last performance measurement	14	16		45	78% (35 of 45)
1.1.3	**% of health services that improved their global rating in regards to their last performance improvement measurement. If during the last measurement the health service scored between 85% - 100% stands GREEN and keeps its score over the 85% during the monitoring measurement. - If the health facility during the last measurement scores between 60% - 84% it receives a YELLOW and should increase by at least 10% during the next measurement to change to GREEN. If the health facility scored between 0% - 59% during the last measurement it receives a RED, and it takes a minimum of 20% at the next measurement to change to YELLOW.**	19% (14 of 73)	36% (26 of 73)		62% (45 of 73)	48% (35 of 73)
	Belize	43% (3 of 7)	43% (3 of 7)		71% (5 of 7)	43% (3 of 7)
	Costa Rica	38% (3 of 8)	25% (2 of 8)		63% (5 of 8)	50% (4 of 8)
	El Salvador	24% (4 of 17)	100% (17 of 17)		59% (10 of 17)	100% (17 of 17)
	Guatemala	NA	NA		59% (13 of 22)	23% (5 of 22)
	Panama	21% (4 of 19)	21% (4 of 19)		63% (12 of 19)	32% (6 of 19)

Source: M&E of USAID| Central America Capacity Project

Table 1.4 Percentage of health services with expected improvement in accordance to the number of their performance measurement, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
	# of health facilities who achieved expected improvement in accordance to the number of their performance measurement.	14	25		45	82% (37 of 45)
1.1.4	**% of health facilities with expected improvement in accordance to the number of their performance measurement. Expected: health services achieve 55% during second measurement, 70% during third measurement, and 85% on fourth or subsequent measurements.**	19% (14 of 73)	34% (25 of 73)		62% (45 of 73)	51% (37 of 73)
	Belize	43% (3 of 7)	43% (3 of 7)		71% (5 of 7)	43% (3 of 7)
	Costa Rica	38% (3 of 8)	25% (2 of 8)		63% (5 of 8)	50% (4 of 8)
	El Salvador	24% (4 of 17)	100% (17 of 17)		59% (10 of 17)	100% (17 of 17)

	Guatemala	NA	NA		59% (13 of 22)	18% (5 of 22)
	Panama	21% (4 of 19)	16% (3 of 19)		63% (12 of 19)	42% (8 of 19)

Source: M&E of USAID| Central America Capacity Project

During this period the Project achieved 93% (1,227/1,321) of the regional target for trained health workers (28% medical, 42% nursing, and 30% support services). Twenty-seven per cent were male and 73% female. Personnel in all countries received strengthening in OPQ, LFP and technical areas such as: pre and post-test counseling; adherence; human rights; gender; and stigma and discrimination. The hospital quality and training committees are responsible for supportive supervision to strengthen competencies (Table 1.5). Of the 1,239 hospital workers that received training, 99% achieved the minimum Project requirements to be certified as competent in the subject area.

Table No.1.5 Number of hospital health workers who successfully completed in-service training, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.1.5	**# of hospitals health workers who successfully completed in-service training. Topics include OPQ, HIV, STDs, adherence**	203	317		1321	1227	93% (1227 of 1321)
TOTAL (Regional)	Male	73	83		482	332	69%
	Female	130	234		839	895	107%
	Doctors	61	82		396	340	86%
	Male	31	42		210	158	75%
	Female	30	40		186	182	98%
	Nurses	79	126		544	512	94%
	Male	11	10		83	59	71%
	Female	68	116		461	453	98%
	Other	63	109		381	375	98%
	Male	31	31		189	115	61%
	Female	32	78		192	260	135%

Source: M&E of USAID| Central America Capacity Project

Of 1239 hospital health workers that begin a training process that offers technical assistance from the project, 99% (1227 of 1239) achieve the minimum of the Project requirements. (Table 1.6).

Table 1.6 Percentage of hospital health workers who achieve the minimum competencies required to be certified as trained. October 2014 a September 2015

#	INDICADOR	Quarter Target	Actual		Annual Target	% of Target
1.1.6	**% of hospital health works trainees who achieved the minimum required competencies**	80%	99%		80%	99% (1227 of 1239)

Source: UM&E of USAID| Central America Capacity Project

During the measurement process of hospitals, five PLWH were interviewed to identify if they received care from the hospital health workers free of stigma and discrimination. A person is randomly selected from the external consult previous an informed consent. The process identifies that 93% (380 of 410) mention receiving care free from stigma and discrimination at a regional level. (Table 1.7)

Table 1.7 Percentage of people living with HIV who report care free of stigma and discrimination by HIV providers October 2014 a September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
6.2	**% of PLWH who reported care free of stigma and discrimination by HIV service providers.**	75%	93% (380 of 410)		75%	93% (380 of 410)
	Belize	75%	92% (69 of 75)		75%	92% (69 of 75)
	Costa Rica	75%	90% (27 of 30)		75%	90% (27 of 30)
	El Salvador	75%	96% (96 of 100)		75%	96% (96 of 100)
	Guatemala	75%	88% (97 of 110)		75%	88% (97 of 110)
	Panama	75%	96% (91 of 95)		75%	96% (91 of 95)

Source: UM&E of USAID| Central America Capacity Project

➢ PERFORMANCE STANDARDS SYSTEMATIZED AND INSTITUTIONALIZED TO MONITOR CARE SERVICES IN PARTICIPATING HOSPITALS/CLINICS IN ORDER TO ENSURE APPROPRIATE MANAGEMENT DECISION MAKING AS WELL AS CONTINUITY OF THE PERFORMANCE IMPROVEMENT PROGRAM.

The Project coordinated with ministries of health and Costa Rica/SSI for institutionalization of OPQ. Belize, Costa Rica, Guatemala and Panama continued with the OPQ institutionalization process.

- Belize postponed institutionalization due to the November general elections. The authorities are committed to complete the institutionalization process in the second quarter.

  During the month of January the project will transfer knowledge and skills in OPQ, to the central level to serve as National Evaluators, as a final step to ensure the institutionalization of the quality process.

- Costa Rica. The Methodological guide for the implementation of standards for the optimization of performance in quality delivery of health services defines the process which the technical team for performance optimization (TTPO) to follow the strategy. This guide has already been revised and validated by the TTPO and now must be delivered to SSI Direction of Health Services for its final approval and authorization to implement the strategy using it. This final process will take place during January and February. Afterwards the guide will be published and transferred to regional directives (responsible for health centers and hospitals). During February the official note that indicates that the measurement instruments used form part of the process already and are a part of the processes used by the SSI.
- El Salvador has issued a ministerial decree for the institutionalization of CQI.
- The Guatemalan political context has prevented an agreement on institutionalization. In spite of numerous partner meetings (USAID, PAHO, URC, etc.) with the MOH advisors that established a timeline for the agreement, the process has stagnated. By the next fiscal year the project will focus on negotiating with the new authorities to ensure the quality process.
- Panama committed to complete the institutionalization during the first quarter of the next fiscal year.

One aspect of institutionalization is the setup of quality committees with the Project achieving 84% (64/76) of the target (Table 1.8). Another aspect is that the health system must have a quality strategy and an operating structure that implements the processes. El Salvador has both a strategy and structure; Belize and Costa Rica have the structure and are currently working on the strategy; and Panama is in the process of officially recognizing the OPQ methodology by the next quarter.

In Guatemala the financial and political situation during the year with constant changes in the Ministry of Health, Vice Ministers, hospital and area directors and the National HIV Program counterparts. The Quality Committee conformed at the central level is not active at the moment.

In Belize and El Salvador the MOH established quality committees at the local level. There are still 12 hospitals pending the formation of the committees (mostly in Panama) due to the changes in hospital administration, including some without a director, which affected support for closing performance gaps. The OPQ implementation manual has been updated in all countries where the MOH and SSI endorsed the formation of the quality committees and provided guidelines for their functioning.

Table 1.8 Percentage of hospitals that have functional OPQ committees by country, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
1.2.1	**% of hospitals that have functional OPQ committees that know the methodology, apply it, and ensure that the intervention plan is fulfilled at a local level (hospital)**	NA	39% (30 of 76)		100% (76 of 76)	84% (64 of 76)
	Belize	NA	100% (7 of 7)		100% (7 of 7)	100% (7 of 7)
	Costa Rica	NA	88% (7 of 8)		100% (8 of 8)	88% (7 of 8)
	El Salvador	NA	60% (12 of 20)		100% (20 of 20)	100% (20 of 20)
	Guatemala	NA	NA		100% (22 of 22)	95% (21 of 22)
	Panama	NA	21% (4 of 19)		100% (19 of 19)	47% (9 of 19)

Source: M&E of USAID| Central America Capacity Project

In accordance with the Ministries of Health of each country, and due to the focus change in the Project, it was jointly decided to perform the OPQ Champion workshops in the first two quarters of the fiscal year; with the purpose of having installed capacity at a central and local level in the Ministries of Health. Socialize the institutionalization of the quality strategy in each country. This fiscal year only 17% (1 of 6) of the target is achieved. The OPQ champion workshops in El Salvador and Panama are scheduled for the first quarter and in Belize and Costa Rica are scheduled for the second quarter. (Table 1.9)

Table 1.9 Number of Champion workshops realized by country, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.2.2	**# of OPQ Champion workshops to share experiences and lessons learned by the multidisciplinary teams in implementing OPQ with governmental and non governmental institutions**	4	0		6	1	17% (1 of 6)
	Belize	1	0		1	0	0%
	Costa Rica	1	0		1	0	0%
	El Salvador	1	0		1	0	0%
	Guatemala				1	1	100%
	Panama	1	0		2	0	0%

Source: UM&E of USAID| Central America Capacity Project

The Project assisted the MOH in developing a recognition scheme for the hospitals that achieved the desired performance score. In Guatemala, the MOH recognized the performance of hospitals Infantil Elisa Martinez and Amistad Japon. Hospitals recognized in Panama were José Domingo De Obaldía Childrens' Hospital, and Santo Tomas (Table 1.9). Belize and Costa Rica are undergoing the institutionalization process and the Project has

held meetings to discuss and analyze a recognition scheme. El Salvador MOH will perform hospitals recognition that implements good practices by the next quarter.

Table 1.10 Number countries who have a reward and recognition scheme to provide motivation and appropriate recognition for the health facilities that meet qualifying standards, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.2.3	**Number countries who have a reward and recognition scheme to provide motivation and appropriate recognition for the health facilities' that meet qualifying standards**	4	1		5	2	40% (2 of 5)
	Belize	1	0		1	0	0% (0 of 1)
	Costa Rica	1	0		1	0	0% (0 of 1)
	El Salvador	1	0		1	0	0% (0 of 1)
	Guatemala	NA	NA		1	1	100% (1 of 1)
	Panama	1	1		1	1	100% (1 of 1)

Source: M&E of USAID| Central America Capacity Project

In El Salvador the Project has held discussion and analysis meetings with the MOH General Directorate of Hospitals to define CQI (strengthened with elements of OPQ) as the official methodology, especially regarding intervention plans and supervision visits (Table 1.8).

In Guatemala the Project has revised and validated the manuals, measurement tools and data bases. The central and local level quality teams were trained in the methodology.

In Guatemala, Costa Rica and Panama the MOH/SSI have adapted and validated the operational guidelines. These three countries institutionalized the hospital and health center measurement tools and adopted the measurement data bases (Table 1.11).

Table 1.11 Number of countries that institutionalized the OPQ strategy, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.2.4	**# of countries that institutionalized the OPQ strategy**	4	1		5	1	20% (1 of 5)
	Belize	1	0		1	0	0% (0 of 1)
	Costa Rica	1	0		1	0	0% (0 of 1)
	El Salvador	1	1		1	1	100% (1 of 1)
	Guatemala	NA	NA		1	0	0% (0 of 1)

	Panama	1	0		1	0	0% (0 of 1)

Source: M&E of USAID| Central America Capacity Project

➢ HEALTH CENTERS

During the past year the Project continued providing TA for CQI in 70 out of 83 health centers in all countries except for El Salvador. The standards and criteria that serve as the basis for the measurement instrument have been defined, revised, contextualized and validated in each country. These health center standards and criteria focus on improving the quality of the health center services for the diagnosis, care and treatment/control of STI/HIV. In El Salvador, as for the hospitals, the health center quality measurements are based on maternal/child health indicators including criteria for HIV/STIs, biosafety and user satisfaction. By the next quarter the central level will review and validate specific tools for the HIV clinics.

Measurements in Belize are pending. The MOH requested they be done as part of the transition process. Due to the institutionalization process, quality accreditation team request crossed measurements to strengthen the sustainability. In Panama, the MOH Head of Facilities and Services programmed measurements in Colon, Bocas del Toro for next quarter.

Table 1.12 Percentage of health centers that completed their performance measurement, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
1.3.1	**% of Health Centers that have completed a performance measurement within the reporting period**	11% (15 of 83)	18% (15 of 83)		100% (83 of 83)	84% (70 of 83)
	Belize	50% (5 of 10)	0% (0 of 10)		100% (10 of 10)	30% (3 of 10)
	Costa Rica	40% (2 of 5)	0% (0 of 5)		100% (5 of 5)	100% (5 of 5)
	El Salvador	45% (5 of 11)	100% (11 of 11)		100% (11 of 11)	100% (11 of 11)
	Guatemala	NA	NA		100% (50 of 50)	90% (45 of 50)
	Panama	43% (3 of 7)	57%		100% (7 of 7)	86% (6 of 7)

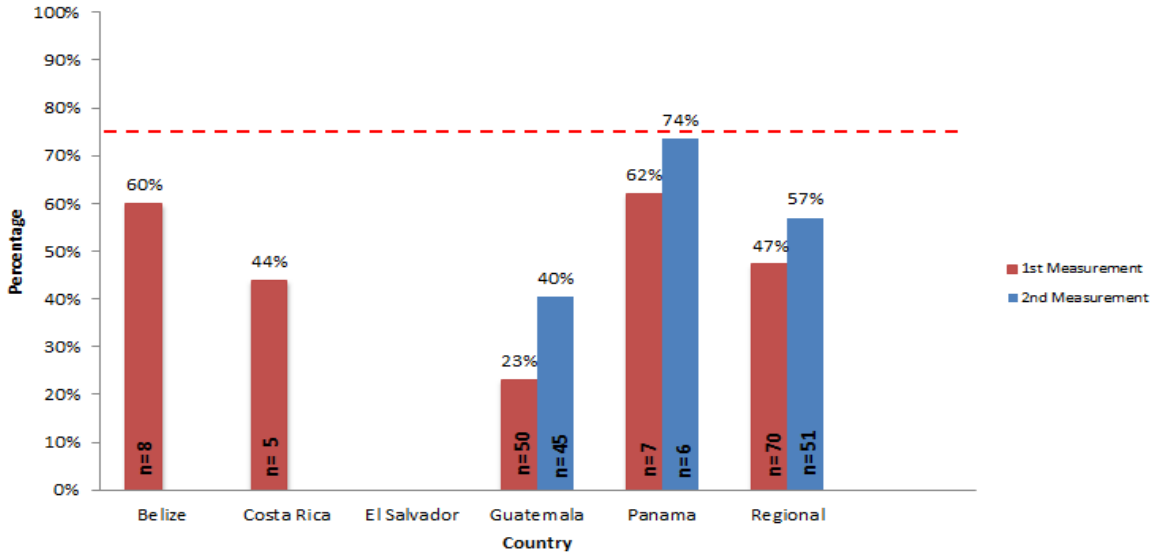
Source: M&E of USAID| Central America Capacity Project

Graph 1.2 shows the average result by country and measurement round. El Salvador does not appear in the table due CQI methodology is not comparable to the other countries.

There is a regional trend towards improvement. In Guatemala and Panama the health centers had a second follow up measurement with the acceptance of OPQ, compliance with planned gap-closing activities and the trainings conducted. Follow up measurements for Belize and Costa Rica will be reported in the first quarter of the next fiscal year.

El Salvador health center data will be presented in the next quarterly report due to the counterpart has not yet consolidated the information. The central level in El Salvador handles the CQI data consolidation process.

Graph 1.2 Average performance measurement results of health centers, by country and regional, October 2014 to September 2015



Source: M&E of USAID| Central America Capacity Project

* El Salvador OPQ and CQI (ODC and MCC in its initials in Spanish, respectively) measurements are not comparable

The health centers develop gap-closing intervention plans, after the measurements. The Project will conduct monitoring for compliance with the plans during the coming months. The Project achieved 63% (52/83) of the target of health centers with plans and reporting on gap-closing activities (Table 1.13). Panama did not reach its goal since plans must be endorsed by services directors and regional coordinators. These plans will be delivered during the coming quarter. El Salvador's health centers are in the same situation as its hospitals. The updated work plans for eleven health centers are expected in the next fiscal year.

Table 1.13 Number of health centers that have developed an intervention plan to reduce performance gaps within the reporting period, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.3.2	**# of health centers that have developed an intervention plan to reduce performance gaps within the reporting period.**	15	1		83	52	63% (52 of 83)
	Belize	5	0		10	10	100% (10 of 10)
	Costa Rica	2	0		5	5	100% (5 of 5)
	El Salvador	5	0		11	0	0% (0 of 11)
	Guatemala	NA	NA		50	37	74% (37 of 50)
	Panama	3	0		7	0	0% (0 of 11)

Source: M&E of USAID| Central America Capacity Project

The Project achieved 18% (15 of 83) of health centers that comply with 55% performance in their second measurement due to the second measurements in 45 health centers in Guatemala and 7 health centers in Panama. Of these 52 health centers only 15 achieved a score above 55% during their second measurement. It is expected that the result of the remaining 26 health centers will improve the global result.

Table 1.14 Percentage of health centers that comply expected performance of pending of the number of measurement their performance measurement, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
1.3.3	**% of health centers that comply with expected performance of pending of corresponding measurement. Second measurement minimum of 55% of standards; third measurement a minimum of 70% of standards in their last measurement.**	14% (12 of 83)	5% (4 of 83)		76% (63 of 83)	18% (15 of 83)
	Belize	40% (4 of 10)	0		80% (8 of 10)	0%
	Costa Rica	20% (1 of 5)	0		80% (4 of 5)	0%
	El Salvador	36% (4 of 11)	0		73% (8 of 11)	NA
	Guatemala				76% (38 of 50)	18% (9 of 50)
	Panama	43% (3 of 7)	57% (4 de 7)		71% (5 of 7)	86% (6 of 7)

Source: UM&E of USAID| Central America Capacity Project

During the period the Project achieved 114% (358/314) of the regional target for number of health center workers trained in CQI, biosafety, stigma and discrimination, and

STI/HIV/AIDS. Twenty percent were doctors, 34% nurses and 46% support services (pharmacy, laundry or administrative).

More staff were included at the request of Belize, El Salvador and Panama MOH, due to gaps in biosafety, STI/HIV, counseling, and stigma and discrimination.

Table 1.15 Number of healthcare workers that have successfully completed in-service training, October 2014 to September 2015.

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.3.4	**# of healthcare workers that have successfully completed in-service training.**	0	39		314	358	114% (358 of 314)
	Male	0	18		100	87	87%
	Female	0	21		214	271	127%
	Doctors	0	28		79	71	90%
	Male	0	16		36	28	78%
	Female	0	12		43	43	100%
	Nurses	0	9		139	123	88%
	Male	0	1		20	14	70%
	Female	0	8		119	109	92%
	Other	0	2		96	164	171%
	Male	0	1		44	45	102%
	Female	0	1		52	119	229%

Source: M&E of USAID| Central America Capacity Project

Of 363 health center workers who entered a training program, 99% (358 of 363) met the minimum project requirements.

Table 1.16 Percentage of Health Centers workers who achieve the minimum competencies required to be certified as trained. October 2014 to September 2015

#	INDICADOR	Quarter Target	Actual		Annual Target	% of Target
1.3.5	**% of health centers works trainees who achieved the minimum required competencies**	80%	100%		80%	99% (358 of 363)

Source: UM&E of USAID| Central America Capacity Project

The past year the donor established new PEPFAR indicators (SITE_SUP) of which the Project provided direct Technical Assistance (TA) to 87% (130/149) of the regional target for health facilities. This TA led to the use and application of OPQ in the health services, support for the performance measurements, development of the intervention plans and trainings for closing performance gaps.

Table 1.17 Number of PEPFAR supported Direct Services and Technical Assistance from the Project by country, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
SITE_SUPP	**Number of PEPFAR-supported Direct Services (DSD) and Technical Assistance-only (TA-only) sites**	149	130		149	130	87% (130 de 149)
	Belize	17	6		17	6	35%
	Costa Rica	13	11		13	11	85%
	El Salvador	21	21		21	21	148%
	Guatemala		67		72	67	93%
	Panama	26	25		26	25	96%

Source: UM&E of USAID| Central America Capacity Project

During this fiscal year 50% (75 of 149) of PEPFAR-supported clinical sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented results in the last 6 month at regional level. The percentage is less than 90% due to the lack of investment in health on behalf of the ministries in Guatemala and Panama as well as delays in the execution of the yearly plans and rotation of key decision taking personnel at a central and local level. The ministries of health in Belize and Costa Rica request to perform hospital and health center measurements during the first two quarters of the next fiscal year as part of their transition process.

Table 1.18 Number of PEPFAR supported clinical site with quality improvement activities Direct Services and Technical Assistance from the Project by country, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
Q1_SITE	**% of PEPFAR-supported clinical sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented results in the last 6 month**	50% (74 of 149)	50% (75 of 149)		91% (135 of 149)	50% (75 of 149)
	Belize	85% (14 of 17)	18% (3 of 17)		85% (14 of 17)	18% (3 of 17)
	Costa Rica	85% (11 of 13)	31% (4 of 13)		85% (11 of 13)	31% (4 of 13)
	El Salvador	85% (17 of 21)	76% (16 of 21)		85% (17 of 21)	76% (16 of 21)
	Guatemala		60% (43 of 72)		78% (61 of 72)	60% (43 of 72)
	Panama	88% (23 of 26)	35% (9 of 26)		88% (23 of 26)	35% (9 of 26)

Source: UM&E of USAID| Central America Capacity Project

Next Steps:

- The Project will work in nine sub-national Units (SNU) in four countries (Belize, El Salvador, Guatemala and Panama); and will cease to support 62 hospitals and 69 health centers. For this reason the next quarter will be a transition period for the sustainability and institutionalization processes.
- Measurements in hospitals and health centers by MOH with support from local quality teams and intervention plans development.
- Training of health services workers in closing gaps.
- Institutionalization of the quality methodology by MOH in Belize, Costa Rica and Panama.
- "Champions" workshops for systematizing success stories in Belize and Costa Rica.
- Recognition of tertiary and secondary health services that improve their performance in Belize, Costa Rica and Panama.

➢ ADHERENCE TO ANTIRETROVIRAL TREATMENT (ART)

Costa Rica, El Salvador, Guatemala and Panama completed the data collection in the HIV clinics to develop the Cascade of the Continuum of Care report. Costa Rica presented the information to the SSI infectious disease specialists and the NAP and their validation is still pending to finalize the report. Belize does not have a Cascade of Continuum of Care report due to not having patient viral load measurements to quantify the last pillar of the cascade. The country has the equipment needed to perform the viral load studies, but up to September 2015 not all tests could be performed to PLWH currently receiving ARVT in the country. The report is scheduled to be delivered around midyear of the next fiscal year. A challenge in Belize is the micromanagement by the NAP that is beyond the Project's control. The country expects all patients to have a viral load result by next year and will be able to conduct the study in the coming year.

In El Salvador, Guatemala and Panama the Project supported the design, data compilation, analysis meetings, and elaboration and printing of the Cascade report in coordination with the NAP. The reports are the basis for establishing intermediate program goals to achieve: 90% of PLWH know their status; 90% of those positive are in treatment and 90% of those in treatment have undetectable viral loads by 2020. (Table 1.19)

Tabla 1.19 Number of countries that have ART adherences study PEPFAR supported Direct Services and Technical Assistance from the Project by country, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.4.1	**# of countries that have ART adherence study (identify % of PLWH local treatment adherent and factors that affect it)**	NA	NA		5	3	60%

	Belize	NA	NA		1	0	0
	Costa Rica	NA	NA		1	0	0
	El Salvador	NA	NA		1	1	100%
	Guatemala	NA	NA		1	1	100%
	Panama	NA	NA		1	1	100%

Source: UM&E of USAID| Central America Capacity Project

The Project developed a regional document "Methodological Framework for Supporting the Adherence Strategy". This document serves as a guide for the NAPs, together with decision makers and key persons to define their national adherence strategy. As part of the Positive Health with Dignity and Prevention strategy (PHDP), the Project strengthened country adherence strategies so that they could have a document for developing a national adherence plan.

Panama does not have an approved national adherence strategy. However, as part of the accelerated HIV response the countries are making, they have proposed actions to strengthen adherence to comply with the 90-90-90 goals to ensure that the persons undertaking ART have undetectable viral loads.

These strategies incorporate the current comprehensive care for HIV treatment norms for improving adherence. Also included are other intervention aspects such as: strengthening health provider capabilities; support group interventions in the clinics; and simple messaging systems (SMS) for promoting adherence.

The Project supported the NAPs in conducting meetings to make decisions based on the Cascade of Care reports. In participation were representatives of the National AIDS Commissions (CONASIDA), PAHO, UNAIDS, the Country Coordination Mechanism (CCM), PLWH, clinic staff and members of peer organizations (Table 1.20).

Table 1.20 Number of national and regional meetings to strengthen adherence to antiretroviral therapy processes in Central American region, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
1.4.2	**# of national and regional meetings held to strengthen adherence to antiretroviral therapy processes in Central American region**	NA	NA		6	6	100% (6 of 6)
	Belize	NA	NA		1	1	100% (1 of 1)
	Costa Rica	NA	NA		1	1	100% (1 of 1)
	El Salvador	NA	NA		1	1	100% (1 of 1)
	Guatemala	NA	NA		2	2	100% (2 of 2)

	Panama	NA	NA		1	1	100% (1 of 1)

Source: M&E of USAID| Central America Capacity Project

The NAPs requested the Project support quarterly meetings to present the Cascade data by clinic and key population (MSM and transgender).

During the past year the Project supported the HIV clinics in registering and reporting data related to: adherence to ART; and PLWH in follow up and treatment achieving 102% (60/59) of the target (Table 1.21).

Table 1.21 Percentage of hospitals that register and analyze adherence to ART, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
1.2.5	**% of hospitals that register and analyze ART adherence from PLWH**	74% (34 of 46)	98% (47 of 48)		75% (44 of 59)	102% (60 of 59)
	Belize	77% (5 of 7)	86% (6 of 7)		77% (5 of 7)	86% (6 of 7)
	Costa Rica	73% (4 of 6)	100% (6 of 6)		73% (4 of 6)	100% (6 of 6)
	El Salvador	75% (15 of 20)	100% (20 of 20)		75% (15 of 20)	100% (20 of 20)
	Guatemala	NA	NA		77% (10 of 13)	100% (13 of 13)
	Panama	77% (10 of 13)	100% (15 of 15)		77% (10 of 13)	115% (15 of 13)

Source: M&E of USAID| Central America Capacity Project

In June 2015 IntraHealth International supported the Project participation in the 10th conference of the International Association of Providers of AIDS Care (IAPAC) in Miami, Florida. The Project presented the poster "Antiretroviral Treatment Adherence and the HIV Treatment Cascade in Central America" as the result of the Project support in the region. For the first time the existing gaps were presented: identifying HIV-positives; linking them to treatment services; and maintaining them in care and treatment to achieve adherence and suppression of their viral load. In addition the information was also deemed useful for the providers attending to the Hispanic population in the United States.

The national HIV/AIDS programs in El Salvador, Guatemala and Panama during the current fiscal year presented their GARPR report which is percentage of adults and children that are alive 12 months after having initiated antiretroviral treatment. The GARPR report for the countries is of 81% in El Salvador, 94% in Guatemala and 76% in Panama. There is no determined target for this indicator. (Table 1.22)

Table 1.22 Percentage of adults and children known to be alive and on treatment 12 after initiation of antiretroviral therapy by country. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
TX_RET	**Percentage of adults and children known to be alive and on treatment 12 after initiation of antiretroviral therapy**	TBD	84%		TBD	84%
	Belize	TBD	ND		TBD	ND
	Costa Rica	TBD	ND		TBD	ND
	El Salvador	TBD	81%		TBD	81%
	Guatemala	TBD	94%		TBD	94%
	Panama	TBD	76%		TBD	76%

Source: M&E of USAID| Central America Capacity Project

During fiscal year 2015, the Project estimates based on the information shared by the PEPFAR supported ART sites, that 69% (38 of 55) of sites are achieving 75% of ART retention rate. This would achieve the goal set for this fiscal year of 65%. The data is not official up to this year because the National HIV reports it, and GARPR presents it. It will be official as of July 2016. (Table 1.23)

Table 1.23 Percentage of PEPFAR supported ART sites achieving 75% ART retention rate, by country. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
TX_SITE	**Percentage of PEPFAR supported ART sites achieving 75% ART retention rate**	65% (36 of 55)	69% (38 of 55)		84% (46 of 55)	69% (38 of 55)
	Belize	86% (6 of 7)	ND		86% (6 of 7)	ND
	Costa Rica	83% (5 of 6)	67% (4 of 6)		83% (5 of 6)	67% (4 of 6)
	El Salvador	82% (14 of 17)	88% (15 de 17)		82% (14 of 17)	88% (15 de 17)
	Guatemala	83% (10 of 12)	75% (9 of 12)		83% (10 of 12)	75% (9 of 12)
	Panama	85% (11 of 13)	77% (10 of 13)		85% (11 of 13)	77% (10 of 13)

Source: M&E of USAID| Central America Capacity Project

The Project documented that during fiscal year 2015 the number of adults and children that receive at least one of the following actions: Medical care and/or CD4 count, viral load count. In the region the number of HIV positive adults and children that have at least one of the previous criteria is of 33,684 people. (Table 1.24).

The Project will work during the next years in linking and retaining people with HIV to health services to support the 90-90-90 target.

Table 1.24 Number of HIV positive adults and children who received at least one of clinical assessment (WHO staging) or CD4 count or viral load by country. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
CARE_CR	**Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) or CD4 count or viral load**	TBD	33684		TBD	33684
	Belize	TBD	555		TBD	555
	Costa Rica	TBD	701		TBD	701
	El Salvador	TBD	8022		TBD	8022
	Guatemala	TBD	13354		TBD	13354
	Panama	TBD	11052		TBD	11052

Source: UM&E of USAID| Central America Capacity Project

The National HIV/AIDS and STI programs report during October 2014 to September 2015 1,341 adults and children linked to HIV clinics were linked to HIV clinics and received medical assistance or CD4 tests or viral load checks at a regional level. Guatemala and Panama are the countries that most cases linked with over 1,000 cases each. Below the 100 cases is Belize and Costa Rica. El Salvador reached 391 adults and children. (Table 1.25)

Table 1.25 Number of HIV positive adults and children newly enrolled in clinic care, by country. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
CARE_NEW	**Number of HIV-positive adult and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) or CD4 count or Viral load**	TBD	1341		TBD	3003
	Belize	TBD	22		TBD	62
	Costa Rica	TBD	13		TBD	87
	El Salvador	TBD	72		TBD	391
	Guatemala	TBD	810		TBD	1291
	Panama	TBD	424		TBD	1172

Source: UM&E of USAID| Central America Capacity Project

During the next fiscal year the Project will provide technical assistance guided towards linking and retaining new identified HIV cases.

Next steps:

- Provide TA to each country in implementing the national adherence strategy and the NAPs in the four countries to apply OPQ in the HIV clinics to improve adherence.

- Support the HIV clinical teams in the identification of patients at risk or who have abandoned keeping their appointments.
- Support the clinic technical teams in the analysis of strategic information for decision making through implementation of a situational room (*sala situacional*).
- Provide TA to the MOH of Belize, El Salvador, Guatemala and Panama to strengthen the information system focusing on automating the Cascade of Care Information System.
- Promote the Cascade report in Belize once all or at least the 80% of PLWH have their viral load results.

2. EXPANSION AND INSTITUTIONALIZATION OF THE "COORDINATED COMMUNITY RESPONSE (CCR)" METHODOLOGY IN FIVE COUNTRIES IN THE REGION

Provide in-service training to medical staff and other health care providers in the public, private sectors and non-governmental organizations (NGOs). For example, graduate studies and other short courses on specific topics related to comprehensive care and treatment of HIV and AIDS. Support the upgrade, development and reproduction of materials and/or scholarships for participation in courses offered by private institutions. Should cover at least the following topics: ART, TB/HIV, biosafety, optimizing performance and quality, stigma and discrimination.

➢ COORDINATED COMMUNITY RESPONSE (CCR) IMPLEMENTED IN 44 MULTI-SECTOR NETWORKS IN FIVE COUNTRIES FOR A SUSTAINABLE HIV RESPONSE

The Project continued providing TA for implementation of the Continuum of Care for HIV oriented to strengthening the CCR in the region during the past year, with emphasis on improving adherence to treatment. The Project accompanied the performance measurements of 89% (39/44) of the target number of networks (Table 2.1).

The application of the CCR methodology aims to improve the performance of the network member organizations by identifying gaps in knowledge of the norms, procedures and lack of systematization of the information. The networks standardize processes, according to national norms, update the knowledge of the organizations' staff, improve the communication of the local actors and disseminate information through the application of periodic performance evaluations, formulate work plans to close the identified gaps, and hold meetings to follow up on implementation of the plans. The networks has an adherence work focus, however they have not been able to systematize their progress.

Table 2.1 Percentage of multi-sector networks that have completed performance measurements within the reporting period of October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
2.1.1	**% of multi sector networks that have completed performance measurements within the reporting period**	32% (14 of 44)	45% (20 of 44)		100% (44 of 44)	89% (39 of 44)
	Belize	NA	100% (7 of 7)		100% (7 of 7)	100% (7 of 7)
	Costa Rica	NA	33% (1 of 3)		100% (3 of 3)	100% (3 of 3)
	El Salvador	45% (3 of 11)	18% (2 of 11)		100% (11 of 11)	73% (8 of 11)
	Guatemala	50% (7 of 14)	64% (9 of 14)		100% (14 of 14)	86% (12 of 14)
	Panama	45% (4 of 9)	11% (1 of 9)		100% (9 of 9)	100% (9 of 9)

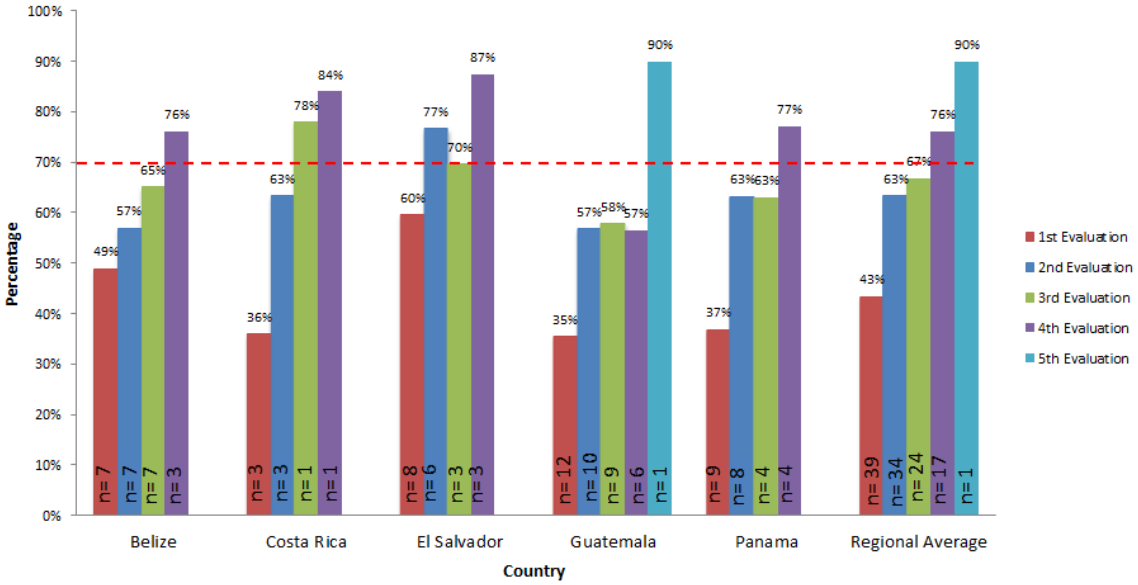
Source: M&E of USAID| Central America Capacity Project

El Salvador did not form one of the scheduled networks (Ahuachapán) and Guatemala lacked two networks (Sayaxché and Metropolitan) which is why those two countries did not reach their targets. In spite of meetings with the NAP and local organizations, there was a lack of civil society leadership in those communities and the local authorities recommended discontinuing the formation of the networks in those sites. The coordinating team of the Santa Ana and San Rafael El Salvador networks requested a postponement of their network evaluations until the next quarter. Outbreaks of Dengue and Chickungunya in Santa Ana caused the postponement of their network meetings. The comprehensive care clinic in San Rafael that coordinates the network there requested a postponement of the evaluation due to its work load.

Graph 2.1 shows a trend in improvement of the average overall performance score as compared to the previous measurements. The improvement was continuous in Belize and Costa Rica. In El Salvador, Guatemala and Panama there was a leveling or decrease between the second and third measurement attributed to changes in the institutions belonging to the networks and the high rotation of key actors directing the countries' response to HIV. At the regional level, the average improvement between the baseline and fourth measurement was 33 points (Graph 2.1).

The networks generally improved their performance, but without achieving the Project target. Since part of this situation is due to most of the network organizations conduct HIV and STI promotion and prevention activities, they have been reorienting their activities to improve adherence to ART and increasing the participation of PLWH and key populations in coordination with the HIV clinics and the Project.

Graph 2.1 Results of multi-sector network performance measurements, by number, October 2014 to September 2015



Source: M&E of USAID| Central America Capacity Project

* n = the number of multisector networks

The actions that led to network improvements in the past year are: standardization and application of national protocols; improved communication among the network member organizations; follow up to work plans and the active incorporation of PLWH self-help groups into the networks. The networks achieved 89% (39/44) of the target for having developed work plans (Tables 2.1 and 2.2).

Table 2.2 Number of multi-sector networks that have developed an intervention plan to reduce performance gaps within the reporting period, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
2.1.2	**# of multi-sector networks that have developed an intervention plan to reduce performance gaps within the reporting period**	14	21		44	39	89% (39 of 44)
	Belize	NA	7		7	7	100%
	Costa Rica	NA	2		3	3	100%
	El Salvador	3	2		11	8	73%
	Guatemala	7	9		14	12	86%
	Panama	4	1		9	9	100%

Source: M&E of USAID| Central America Capacity Project

Of the 39 network evaluations, five were baseline performance measurements, 34 had two or more annual measurements of which 85% (29/34) increased by at least one point and

15% (5/34) had lower scores than the previous year. One network in Belize had a drop in performance score due to the weak participation of the Regional Hospital and four networks in Guatemala had a decrease due to the general instability and high rotation of staff, with lack of investment in prevention and care of PLWH and weak participation of civil society. 79% (26/33) of the multi-sector networks achieved their expected performance in accordance with the evaluation round (Table 2.3).

Table 2.3 Percentage of multi sector network that comply with their expected performance standards based on the number of measurement, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
	# of multisector network that comply with their expected performance standards based on the number of measurement. (Expected performance 2nd. Measurement=50%; 3rd. Measurement= 60% and 4th. Measurement 70%)	6	12		33	79% (26 of 33)
2.1.3	**% of multisector networks that comply with their expected performance standards based on the number of measurement. (Expected performance 2nd. Measurement=50%; 3rd. Measurement= 60% and 4th. Measurement 70%)**	14% (6 of 44)	27% (12 of 44)		75% (33 of 44)	59% (26 of 44)
	Belize	NA	86% (6 of 7)		71% (5 of 7)	86% (6 of 7)
	Costa Rica	NA	33% (1 of 3)		66% (2 of 3)	100% (3 of 3)
	El Salvador	18% (2 of 11)	18% (2 of 11)		72% (8 of 11)	55% (6 of 11)
	Guatemala	43% (6 of 14)	14% (2 of 14)		79% (11 of 14)	21% (3 of 14)
	Panama	33% (3 of 9)	11% (1 of 9)		78% (7 of 9)	89% (8 of 9)

Source: M&E of USAID| Central America Capacity Project

Six of the seven networks in Belize achieved their performance target through standardizing pre and post-test counseling, promoting adherence to ART, and having a standardized communications strategy for primary prevention with a monitoring system. All three Costa Rican networks achieved their performance targets through training, and progress in their promotion and prevention strategy through messages in local media.

The six of eleven Salvadoran networks that achieved their performance targets had improved communication among the organizations, continuous training, and improvement in management and follow up to their work plans. The health services network member organizations had a multidisciplinary team trained to provide comprehensive care.

Three of the 14 Guatemalan networks met their performance targets due to coordination among the members, utilization of the work plan to guide their actions and trainings. Seven of the 8 Panamanian networks met their targets due to increased involvement of the members, active participation of the self-help groups and application of the MOH protocols (see the country annexes for more details).

➢ IMPROVED USE OF STRATEGIC INFORMATION AT THE LOCAL LEVEL

During the reporting period the evaluated networks identified specific actions based on the analysis of strategic information included in the improvement plans. These actions were directed to strengthening adherence to ART and an improved response to key populations. The Project achieved 89% (39/44) of the target. As mentioned previously, the lack of evaluations and improvement plans for five networks affected the achievement of the target (Table 2.4)

Table 2.4 Percentage of multi-sector networks that have identified specific actions based on the analysis of strategic information, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
2.2.1	**% of multi-sector networks that have identified specific actions based on the analysis of strategic information (To improve adherence, prevention with PLWH, and social environment with MARPS)**	32% (14 of 44)	43% (19 of 44)		100% (44 of 44)	89% (39 of 44)
	Belize	0%	86% (6 of 7)		100% (7 of 7)	100% (7 of 7)
	Costa Rica	0%	67% (2 of 3)		100% (3 of 3)	100% (3 of 3)
	El Salvador	45% (3 of 11)	9% (1 of 11)		100% (11 of 11)	73% (8 of 11)
	Guatemala	50% (7 of 14)	64% (9 of 14)		100% (14 of 14)	86% (12 of 14)
	Panama	45% (4 of 9)	11% (1 of 9)		100% (9 of 9)	100% (9 of 9)

Source: M&E of USAID| Central America Capacity Project

The Project provided assistance for 45 regional forums, 90% (45 of 50) of the target. The main topic of the forums was improving adherence through the use of strategic information. The target population depended upon the gaps identified by each network evaluation and the local and national epidemiological information.

Table 2.5 Number of local and national forums where multi-sector networks present strategic information for analysis and decision making, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
2.2.2	**# of local and national forums where multi-sector networks present strategic information for analysis and decision making.**	5	12		50	45	90% (45 of 50)
	Belize	1	0		8	8	100%
	Costa Rica	1	1		4	4	100%
	El Salvador	1	2		13	8	62%
	Guatemala	1	6		15	15	100%
	Panama	1	3		10	10	100%

Source: M&E of USAID| Central America Capacity Project

Belize disseminated information about stigma and discrimination towards PLWH in the country. This helped them align their actions to improve adherence in stigma and discrimination free surroundings. The Costa Rican networks presented national studies resulting from consultations with the CCM to prepare a concept note for the Global Fund and a PSI adherence study, presented in local forums. The Capacity Project adherence study also was analyzed during the national forum. With Project TA and the accompaniment of REDCA+ they addressed the topic "HIV, use and abuse of drugs" to incorporate actions into the work plans for improving adherence of those at risk of abandoning treatment due to drug use.

El Salvador strengthened the CoC strategy for a local response to HIV. Among the themes addressed were the: analysis of the local epidemiological situation related to HIV; analysis of the adherence situation; and actions to direct multi-sector interventions for PLWH and KP. At the request of the NAP and the networks, four local forums and one national forum were reprogrammed for the next project year.

Guatemala had 100% compliance with the target. Adherence and keeping ART appointments were common themes in the forums. Panama also met 100% of the target. The forums centered on prevention and treatment of PLWH. The networks conducted presentations and analyses of the Cascade of Care identifying gaps and intervention proposals.

Belize, Costa Rica and Panama conducted national forums with adherence linked to the Cascade of Care being the principal thematic area.

➢ IMPROVED SOCIAL ENVIRONMENT FOR VULNERABLE POPULATIONS ACCESSING HIV SERVICES AND REDUCE STIGMA AND DISCRIMINATION

The Project networks conducted multiple activities to improve the social environment for vulnerable populations with the goal of facilitating access to HIV services, and reduction of stigma and discrimination.

Part of this component is the development and updating of the network diagnostic mapping. The Project achieved 68% (30/44) of the annual target. Still pending is updating a diagnosis in Guatemala and ten in El Salvador. The NAP in El Salvador requested that the network mapping exercise be moved to the first quarter of the next year to have updated information for 2016 (Table 2.6).

Updating the networks' diagnostic mapping allows for an analysis of the HIV situation, by country:

- In Guatemala the network members are primarily government organizations and their work has focused on promotion and prevention, and policy dialogue at the local level.
- More than half of the organizations working in HIV in Panama are governmental, 20% non-governmental, 20% from civil society and 10% faith-based organizations. Their principal focus was prevention.

Table 2.6 Number of multi-sector networks that have a Diagnostic mapping for the context analysis of specific actions to improve the social environment of PLWH and other MARP, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
2.3.1	**# of multi-sector networks that have a diagnostic mapping for the context analysis of specific actions to improve the social environment of PLWH and other MARP**	16	21		44	30	68% (30 of 44)
	Belize	3	7		7	7	100%
	Costa Rica	0	3		3	3	100%
	El Salvador	0	0		11	0	0%
	Guatemala	13	11		14	11	79%
	Panama	0	0		9	9	100%

Source: M&E of USAID| Central America Capacity Project

These diagnoses provide information on the local HIV situation and are shared with all of the network member organizations and the NAP personnel in each country as part of the

systematization of locally generated information. The networks will work to include the key population groups at local level.

The diagnostics, allow identifying the changes in the last year, as well as identifying key actors and a local level what to do, to facilitate the reference and synergy between organizations. In parallel they allow for the interrelation of network organizations in accordance to the thematic each one boards for adequate work commissions.

During the reporting period the networks took 447 specific actions in their annual work plans to improve adherence to ART and the social environment for key populations at the local level, 102% (447/440) of the target (Table 2.7). Among these actions are included the five areas of measurement: Prevention, Counseling, Clinical Care, Treatment and Support Services.

Table 2.7 Number of specific actions taken by multi-sector networks to improve the social environment of PLWH and other MARP, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
2.3.2	**# of specific actions taken by multi sector networks to improve the social environment of PLWH and other MARP**	140	236		440	447	102% (447 of 440)
	Belize	0	58		70	75	107%
	Costa Rica	0	20		30	30	100%
	El Salvador	30	33		110	116	105%
	Guatemala	70	113		140	133	95%
	Panama	40	12		90	93	95%

Source: M&E of USAID| Central America Capacity Project

The Project trained 136 network members in stigma and discrimination, 105% (136/130) of the target.

The Project trained 136 network members in stigma and discrimination, with the purpose of improving the social environment of PLWH and key populations. The project achieved 105% (136 of 130) of the year target. (Table 2.8).

Table 2.8 Number of multisectoral network members who successfully completed a training program in stigma and discrimination, during the months of October 2014 to September 2015, in Central America

#	INDICATOR	Quarter Target	Actual		Year Target	Actual	% of Target
2.3.3	**# of multisectoral network workers who successfully completed in- service training in stigma and discrimination**	35	36		130	136	105% (136 de 130)
	Male	17	15		65	53	82%
	Female	18	21		65	83	128%

	Government Organization	14	35		51	93	182%
	Male	7	14		26	31	119%
	Female	7	21		25	62	248%
	Non-Government Organization	12	1		45	19	42%
	Male	5	1		22	8	36%
	Female	7	0		23	11	48%
	Civil Society	9	0		34	24	71%
	Male	5	0		17	14	82%
	Female	4	0		17	10	59%

Source: UM&E of USAID| Central America Capacity Project

Table 2.8 Number of members of multisector networks who successfully complete training on stigma and discrimination, by country and regional, October 2014 to September 2015

Target		Government Organization			Non Government Organization			Civil Society			Total			
Country	Total	Female	Male	Total Government Organization	Female	Male	Total Non Government Organization	Female	Male	Total Civil Society	Female	Male	Grand Total	Achieved %
Belize	10	7	3	**10**	0	0	**0**	0	0	**0**	7	3	10	**100%**
Costa Rica	10	13	7	**20**	0	1	**1**	0	0	**0**	13	8	21	**210%**
El Salvador	45	19	10	**29**	4	2	**6**	1	0	**1**	24	12	36	**80%**
Guatemala	35	17	9	**26**	7	5	**12**	0	0	**0**	24	14	38	**109%**
Panama	30	6	2	**8**	0	0	**0**	9	14	**23**	15	16	31	**103%**
Total	130	62	31	**93**	11	8	**19**	10	14	**24**	83	53	136	**105%**

Source: M&E of USAID| Central America Capacity Project

Costa Rica raised their target to increase the number of participants at the request of CONASIDA. The NAP in El Salvador requested postponing the workshop to train the remaining network members until October 2015. 100% (136/136) of the network members who entered into the training were certified as competent. (Table 2.9).

Table 2.9 Percentage of multisectoral network workers who achieve the minimum competencies required to be certified as trained in stigma and discrimination. October 2014 a September 2015.

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
2.3.4	**% of trainees who achieved the minimum required competencies**	80%	100%		80%	100% (136 de 136)

Source: UM&E of USAID| Central America Capacity Project

Other actions to improve the social environment for PLWH included: a presentation on pregnancy in sero-discordant couples in Costa Rica with the hospital agreeing to address the topic. In Panama, previously trained network members conducted training sessions on sexual diversity generating discussions to sensitize local community organizations about KP and PLWH. In the National Networks Meeting the networks focus on sustainability. A consequence of these discussions was the creation of tools to analyze and develop proposals.

➢ IMPROVING QUALITY OF LIFE AMONG PLWH

The multi-sector networks progressed in two countries (El Salvador and Panama), in their referral counter-referral systems to improve the quality of life of PLWH and KP (Table 2.9). The networks' referral and response systems facilitate references among the member organizations including the MOH. Each ministry also has its own official internal referral system, so the CCR networks system is complementary to it.

The Project achieved 39% (16/41) of the annual regional target. Both countries accepted the network referral system as complementary to the official referral system. The sixteen networks that implement the system have not systematized and analyzed the information and they do not have reports submitted for the referral system.

Table 2.10 Percentage of multi-sector networks that have a functional referral and counter-referral system October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
2.4.1	**% of multi-sector networks that have a functional referral and counter-referral system**	100% (13 of 13)	100% (8 of 8)		100% (41 of 41)	39% (16 of 41)
	Belize	100% (7 of 7)	0%		100% (7 of 7)	0%
	Costa Rica	0%	0%		100% (3 of 3)	0%
	El Salvador	0%	0%		100% (10 of 10)	80% (8 of 10)
	Guatemala	46% (7 of 13)	0%		100% (14 of 14)	0%
	Panama	0%	100% (8 of 8)		100% (8 of 8)	100% (8 of 8)

Source: M&E of USAID| Central America Capacity Project

The referral system will not be implemented in Belize networks, as the country has established referral system and the networks will support community monitoring.

The Costa Rica national referral system is included in the Global Fund activities there and the networks are awaiting instructions from the MOH on its implementation in order for the Project to coordinate actions to support it.

Guatemala does not have an approved referral system for PLWH to health facilities and services outside of the MOH in spite of numerous meetings with NAP staff and the hospital coordination. They agreed that the networks would work to complement the official system.

For the next reporting period, the Project foresees training and strengthening network members, to standardize the reference process according to each countries norm, with the support of health workers at a local level.

Other activities

With the endorsement of the NAP, the El Salvador networks selected establishments "Free of Stigma and Discrimination".

As part of the mHealth strategy for the comprehensive care clinic in Puerto Barrios, the project supported the clinic file system and randomly select the target population identifying four intervention groups, according to the message they will receive: reminder to keep their appointments; reminder to take their medication; both messages; and no message. The Project created a simple data base to record the information and produce monthly and quarterly reports.

In Panama trained network members promoted adherence in ART clinics through Human Rights and Responsibilities sessions with PLWH.

The analysis of the continuum of care cascade evidenced that the networks of the five countries have consistent gaps of successful practices documentation, regarding adherence and recovery of patients who abandoned antiretroviral treatment. The next fiscal year the Project will focus on coordinating work between HIV clinics and networks for an active and systematized pursuit of PLWH that abandoned ART.

➢ IN-SERVICE TRAINING

The Project provided TA for the training of network member institutions' staff achieving 100% (1146/1146) of the target for trainings. Topics included the CCR, LFP, Adherence, and Positive Health with Dignity and Prevention (Table 2.11)

Table 2.11 Number of multi-sector network workers who successfully completed in-service training. Topics include CCR and themes in HIV and ARV adherence, prevention with positives and self-support groups, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
2.5.1	**# of multi-sector network workers who successfully completed in- service training. Topics included Coordinated Community Response (CCR) and themes in HIV and ARV adherence, prevention with positives and self-support groups**	267	462		1146	1146	100% (1146 of 1146)
	Male	99	111		431	335	78%
	Female	168	351		715	811	113%
	Government Organization	152	378		638	817	128%
	Male	56	83		247	212	86%
	Female	96	295		391	605	155%
	Non-Government Organization	46	64		199	248	125%
	Male	19	17		74	92	124%
	Female	27	47		125	156	125%
	Civil Society	69	21		309	82	27%
	Male	24	11		110	31	28%
	Female	45	10		199	51	26%

Source: M&E of USAID| Central America Capacity Project

71% of those trained belonged to a governmental organization, 22% to an NGO and 7% to civil society; 29% were male and 71% female. Of the 1,159 network members that entered training 99% (1,146/1,159) were certified as competent.

1,159 network members initiated a training process this fiscal year of which 1,146 comply with the minimum project requirements achieving 99% (1,146 of 1,159) of the target. (Table 2.12)

Table 2.12 Percentage of multisectoral network workers who achieve the minimum competencies required to be certified as trained. October 2014 a September 2015.

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
2.5.2	**% of trainees who achieved the minimum required competencies**	80%	100%		80%	99% (1146 de 1159)

Source: UM&E of USAID| Central America Capacity Project

In the CCR and LFP trainings, the participants committed to applying the acquired competencies in: network self-evaluations; development of work plans; and incorporation of training plans to close identified gaps.

Among the agreements from the trainings in Adherence and Positive Health with Dignity and Prevention were the tools for: strengthening adherence; and to conduct educational sessions with the PLWH support groups.

During 2015 multi-sector network members conducted interventions on gender and HIV. These are actions where network members apply their knowledge of gender and HIV for decision making with a gender focus to improve the social environment for PLWH and KP, especially the MSM and transgender female populations. The goal was exceeded in Belize due to the National AIDS Commission's (NAC) request to address more people in order to resolve situations of stigma and discrimination towards MSM due to the national legal context that criminalizes MSM behavior. The Project did not meet its target in Panama due to the high rotation of network personnel there (Table 2.13).

Table 2.13 Number of people completing an intervention pertaining to gender norms that meet minimum criteria, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
GEND_NORM	**Number of people completing an intervention pertaining to gender norms, that meets minimum criteria**	440	454		440	402	103% (454 of 440)
	Belize	70	140		70	140	200% (140 of 70)
	Costa Rica	30	32		30	32	107% (32 of 30)
	El Salvador	110	101		110	101	92% (101 of 110)
	Guatemala	140	132		140	132	94% (132 of 140)
	Panama	90	49		90	49	54% (49 of 90)

Source: M&E of USAID| Central America Capacity Project

In 2013 the National AIDS Programs of the region define an adherent person as a person living with HIV receiving antiretroviral treatment, and with a count of viral load less than 1000 copies, as PAHO recommends. The project provides the technical assistance to develop a report for Continuum HIV Cascade. The regional result shows 64% (22943 of 36064) of PLWH receiving antiretroviral therapy, with less than 1000 copies of viral load. In the following table, Costa Rica and El Salvador report 70% and 71%, Panama with 64% and Guatemala with 59%. By the moment PLWH in Belize do not have viral load report. (Table 2.14)

Table 2.14 Percentage of people living with HIV who are adherent to antiretroviral therapy belonging to the area of multisectoral networks, by country. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
6.1	**% of PLWH who are adherent to antiretroviral therapy belonging to the area of multisectoral network**	TBD	64% (22943 of 36064)		TBD	64% (22943 of 36064)
	Belize	TBD	ND		TBD	ND
	Costa Rica	TBD	70% (3270 of 4700)		TBD	70% (3270 of 4700)
	El Salvador	TBD	71% (5080 of 7196)		TBD	71% (5080 of 7196)
	Guatemala	TBD	59% (9639 of 16386)		TBD	59% (9639 of 16386)
	Panama	TBD	64% (4954 of 7782)		TBD	64% (4954 of 7782)

Source: UM&E of USAID| Central America Capacity Project

The Project continued providing TA for implementation of the Continuum of Care for HIV oriented to address HIV program processes during the past year with emphasis on improving adherence to treatment. The Project accompanied the performance measurements of 89% (39/44) of the target number of networks. El Salvador did not form one of the scheduled networks (Ahuachapán) and Guatemala lacked two networks (Sayaxché and Metropolitan) which is why those two countries did not reach their targets. In spite of meetings with the NAP and local organizations, there was a lack of civil society leadership in those communities and the local authorities recommended discontinuing the formation of the networks in those sites. The coordinating team of the Santa Ana and San Rafael El Salvador networks requested a postponement of their network evaluations until the next quarter. (Table 2.15).

Table 2.15 Percentage of PEPFAR supported above site that receive technical assistance to address HIV program processes documented, by country. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
TA_ABOVE_SITE	**% of PEPFAR-supported above - site that receive technical assistance to address HIV program processes or outcomes and have documented results in the last 6 months**	100% (44 of 44)	89% (39 of 44)		100% (44 of 44)	89% (39 of 44)
	Belize	100% (7 of 7)	100% (7 of 7)		100% (7 of 7)	100% (7 of 7)
	Costa Rica	100% (3 of 3)	100% (3 of 3)		100% (3 of 3)	100% (3 of 3)
	El Salvador	100% (11 of 11)	73% (8 of 11)		100% (11 of 11)	73% (8 of 11)

	Guatemala	100% (14 of 14)	86% (11 of 14)		100% (14 of 14)	86% (11 of 14)
	Panama	100% (9 of 9)	100% (9 of 9)		100% (9 of 9)	100% (9 of 9)

Source: UM&E of USAID| Central America Capacity Project

Next steps:

- Update the evaluation standards to improve community actions to strengthen adherence.
- Develop a network sustainability plan.
- Disseminate the Cascade of Care studies information including following up on network plans for strengthening adherence.
- Conduct evaluations and work plans for Santa Ana and San Rafael networks.
- Search for PLWH who abandoned treatment in coordination with HIV clinic staff and the multi-sector networks.
- Redirect technical assistance (standards revision, continuum of care cascade and active search for people that have abandoned ART) with the adherence and treatment commission to strengthen their performance.
- Involve civil society, key population, and PLWH organizations not participating in the networks to improve secondary prevention interventions with community participation.
- In regards to the performance of networks in their evaluations, the countries show a gradual advance, with the exception of Guatemala for which reason during the next reporting period the country will focus strengthening the clinical care, treatment and support services commissions to strengthen adherence at a community level.

3. INFECTION PREVENTION IN SELECTED HEALTH FACILITIES

The Project provided the countries TA in IAAS during the past fiscal year. The rate of these infections reflects how the hospitals optimize performance and quality of services to address gaps in biosafety and the management of waste disposal. Through coordination meetings with the MOH, ISS and hospitals, the Project confirmed the norms and protocols for a functioning surveillance system of IAAS in all countries except Belize, where the norm is under revision. Following are the results by component.

➢ BASELINE AND FOLLOW-UP STUDIES OF THE NOSOCOMIAL INFECTIONS INFORMATION SYSTEM, IN SELECTED HOSPITALS

The Project provided TA for strengthening the process of notification, follow up and prevention of IAAS. The central and local level coordination meetings supported the: formation of committees; dissemination of norms, and linkages to the surveillance committees; and incorporation of infection prevention into the hospital quality focus. The IAAS prevention norm in Belize should be officially approved in next year. The ISS in Costa Rica already had their intra-hospital IAAS surveillance and prevention norms. El Salvador's guidelines recently validated.

The IAAS study in Guatemala generated recommendations for the national level Epidemiology Center and the operational units for an active surveillance system. In Panama, the IAAS study in 19 hospitals generated a revision and updating of the MOH norms.

During the past year the Project provided TA to 68 hospitals, 111% (68/61) of the target. Guatemala exceeded the goal due to the MOH's request to include seven more hospitals in the OPQ strategy and the Project trained the facility epidemiologists (Table 3.1).

Table 3.1 Number of health services supported by the Project that implement surveillance and control system of nosocomial infections, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
3.1.1	**# of health services supported by the project that implement a surveillance and control system of nosocomial infections**	23	35		61	68	111% (68 of 61)
	Belize	3	7		7	7	100% (7 of 7)
	Costa Rica	NA	NA		NA	NA	NA
	El Salvador	10	12		20	20	100% (20 of 20)
	Guatemala	NA	NA		15	22	146% (22 of 15)
	Panama	10	16		19	19	100% (19 of 19)

Source: M&E of USAID| Central America Capacity Project

The Project provided TA to 20 hospitals in El Salvador for the prevention and revision of the clinical guide on IAAS including the epidemiological surveillance norms. Guatemala concluded the revision and updating of the IAAS training model validated with 22 hospital service epidemiologists in facilities supported by the Project. The study identified limitations such as: the high rotation of hospital epidemiologists; and lack of reagents and

cultures to determine specificity of the infectious agent and resistance in compliance with infection prevention measures. The study recommended norms for surveillance personnel and linkages with the hospital quality processes.

In Panama, in collaboration with the MOH Facilities Department and the SSI Nosocomial Infections Coordination Unit, the Project supported the revision and approval of the IAAS surveillance norms. They will be disseminated to the country's hospital nosocomial infection committees.

The Project achieved 111% (68/61) of the annual target for intra-hospital infection committees supported (Table 3.2). In Guatemala due to the MOH norms, all hospitals must have a committee for the prevention and surveillance of nosocomial infections. For this reason Guatemala surpassed the established target reaching the 22 hospitals achieving 157% of planned.

Table 3.2 Percentage of selected hospitals that have a functional nosocomial committee, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
3.1.3	**% of selected hospitals that have a functional nosocomial committee**	31% (19 of 61)	54% (33 of 61)		75% (46 of 61)	111% (68 of 61)
	Belize	57% (4 of 7)	71% (5 of 7)		100% (7 of 7)	100% (7 of 7)
	Costa Rica	NA	NA		NA	NA
	El Salvador	35% (7 of 20)	60% (12 of 20)		65% (13 of 20)	100% (20 of 20)
	Guatemala	NA	NA		80% (12 of 15)	146% (22 of 15)
	Panama	42% (8 of 19)	84% (16 of 19)		75% (15 of 19)	100% (19 of 19)

Source: M&E of USAID| Central America Capacity Project

The Project updated 75% (3/4) of the targeted IAAS protocols. In Belize, the Project supports the MOH in the revision and updating of the Surveillance protocols that will be finalized by the next quarter.

Table 3.3 Number of countries that update nosocomial infection surveillance protocols, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
3.1.4	**# of countries that updates nosocomial infection surveillance protocols**	NA	3		4	3	75% (3 of 4)
	Belize	NA	0		1	0	0%
	Costa Rica	NA	NA		NA	NA	NA

	El Salvador	NA	1		1	1	100%
	Guatemala	NA	1		1	1	100%
	Panama	NA	1		1	1	100%

Source: M&E of USAID| Central America Capacity Project

During the reporting period the Project achieved 100% (525/525) of the regional target number of hospital personnel trained in epidemiological surveillance/biosafety; of which 14% were doctors, 55% nurses, and 31% worked in support services; 22% were male and 78% female (Tables 3.4 and 3.4.1).

The trainings in biosafety corresponded to closing hospital performance gaps. The quality committee members trained in LFP where responsible for carrying out the training workshops utilizing current country guides and protocols as well as the evidence-based standards. Clinical and technical personnel participated in the trainings where the pertinent topics were: universal biosafety norms; hand washing; use of protection equipment; and decontamination and sterilization techniques.

Table 3.4 Number of hospital health workers who successfully completed in-service training in epidemiological surveillance of nosocomial infections and biosafety, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
3.1.5	**# of hospital health workers who successfully completed in-service training in epidemiological surveillance of nosocomial infections and biosafety**	70	137		525	525	100% (525 of 525)
	Male	15	24		114	113	99%
	Female	55	113		411	412	100%
	Medical Personnel	24	22		169	73	43%
	Male	11	10		74	34	46%
	Female	13	12		95	39	41%
	Nursing Personnel	46	101		356	290	81%
	Male	4	8		40	32	80%
	Female	42	93		316	258	82%
	Other Personnel	0	14		0	162	162%
	Male	0	6		0	47	47%
	Female	0	8		0	115	115%

Source: M&E of USAID| Central America Capacity Project

Of the 532 hospital workers who entered the surveillance/biosafety training 99% (525/532) achieved the minimal requirements for competency certification. The IAAS committees provided follow up to the trained personnel generating interventions for training

institutions of medical and nursing students and others that do hospital practicums, to prevent workplace and patient infection risk.

Table 3.4.1 Number of hospital workers who successfully completed training in epidemiological surveillance/biosafety, by country, October 2014 to September 2015

Target					Doctors				Nurses				Other			Total			
Country	Doctors	Nurses	Other	Total	Female (N)	Male (N)	Total Doctors	Achieved	Female (N)	Male (N)	Total Nurses	Achieved	Female (N)	Male (N)	Total Other	Female	Male	Grand Total	Achieved %
Belize	25	45	0	70	2	0	2	**8%**	13	1	14	**31%**	41	16	57	56	17	73	**104%**
Costa Rica	20	60	0	80	3	1	4	**20%**	46	12	58	**97%**	10	8	18	59	21	80	**100%**
El Salvador	64	91	0	155	10	12	22	**34%**	97	6	103	**113%**	18	8	26	125	26	151	**97%**
Guatemala	30	40	0	70	2	2	4	**13%**	23	5	28	**70%**	29	8	37	54	15	69	**99%**
Panama	30	120	0	150	22	19	41	**137%**	79	8	87	**73%**	17	7	24	118	34	152	**101%**
Total	169	356	0	525	39	34	73	**43%**	258	32	290	**81%**	115	47	162	412	113	525	**100%**

Source: M&E of USAID| Central America Capacity Project

532 hospital health workers initiate a training process in epidemiological surveillance or biosafety of those 525 achieve the minimum project requirements to be certified in competencies equivalent to 99% (525 of 532). (Table 3.5).

Table 3.5 Percentage of health workers who achieve the minimum competencies required to be certified as trained in-service training in epidemiological surveillance of nosocomial infections and biosafety. October 2014 a September 2015.

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
3.1.6	**% of trainees who achieved the minimum required competencies**	80%	100%		80%	99% (525 de 532)

Source: UM&E of USAID| Central America Capacity Project

During the reporting period, the countries in the region refer to 19 hospitals that report a reduction of 25% of intrahospitalary infections reported in regards to the previos year, or the report remains within the lower expected limits of 0 to 4%, achieving a target of 37% (19 of 51). The target is not reached due to Belize and Costa Rica not having any official intrahospitalary infection rate for hospitals.

Table 3.6 Percentage of selected hospitals that reported at least a 25% of reduction of nosocomial in the past year. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
6.3	**% of selected hospitals that reported at least a 25% reduction of nosocomial infections in the past year**	43% (22 of 51)	37% (19 of 51)		43% (22 of 51)	37% (19 of 51)
	Belize	44% (3 of 7)	ND		44% (3 of 7)	ND
	Costa Rica	40% (4 of 8)	ND		40% (4 of 8)	ND
	El Salvador	41% (7 of 17)	65% (11 of 17)		41% (7 of 17)	65% (11 of 17)
	Guatemala					
	Panama	40% (8 of 19)	40% (8 of 19)		40% (8 of 19)	40% (8 of 19)

Source: UM&E of USAID| Central America Capacity Project

Next steps:

- Revise and validate the surveillance guide for IAAS prevention in Belize and Panama.
- Train the multidisciplinary service teams in all countries in biosafety in response to the gaps identified through the process.

4. STRENGTHEN THE MINISTRIES OF HEALTH OF THE REGION IN HUMAN RESOURCE MANAGEMENT AND THE USE OF HUMAN RESOURCES INFORMATION SYSTEMS (HRIS)

Development of the information system and appropriate use of technology for the implementation of distance training modules, conferences related to issues of comprehensive HIV care and treatment, and dissemination of current information. At the end of the project, each country will have the basis for the implementation of an information system and training.

➢ TRANSFER CAPACITY FOR IHRIS PROGRAMMING AND SUPPORT TO THE LOCAL COUNTERPART, INCLUDING THE TRAINING, STRENGTHENING OF IT PERSONNEL, AND INVOLVING THEM IN REGIONAL AND GLOBAL IHRIS DEVELOPER NETWORKS

This component only applies to Guatemala and covers one of the PEPFAR indicators (HSH_HRIS). The Project provides TA to the Directorate General for Human Resources of the MOH for the implementation of the HRIS as approved in Ministerial Decree 469-2014, as the unique human resources for health information management in Guatemala.

Table 4.1 Number of countries with Ministry of Health using a Human Resources data base system for management. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
4.1.1	**# of countries with an MOH that have an HR database for management**	1	1		1	1	100%

Source: UM&E of USAID| Central America Capacity Project

The process has encountered numerous obstacles along the way due to multiple changes in MOH staffing. As a result, project personnel made four separate presentations of the platform's functioning to new personnel, including the Director of Human Resources, advisors, and technical personnel.

The system is recognized in the country as a very useful tool for strengthening human resources management of MOH contract personnel.

The MOH established a centralized factory process (*Maquila*) system for creating the 2015 personnel contracts. The Project conducted a training workshop on each of the iHRIS application modules for processing the contracts for 20 users who in turn were responsible for training 44 users from the implementing units. The final team consisted of 66 users who implemented the *Maquila* process to create 17,000 temporary personnel contracts for 2015. The Project coordinated with the USAID | HEPP Project to design a virtual infrastructure in the Amazon Web Services to ensure system availability and information security.

During 2014 the Directorate of Human Resources (RRHH) had created 22,000 contracts, 5,000 more than were created in 2015 through iHRIS. The MOH advisors extra-officially acknowledged this difference in the number of contracts represented a savings of 300 million Quetzales (approx. $38 million).

The Project provided TA for the development of the iHRIS training module taking into account the Training Department's (DECAP) registration and reporting needs achieving half (1/2) of the target.

Tabla 4.2 Number of iHRIS modules developed in Guatemala. October 2014 a September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
4.1.2	**# of iHRIS modules developed in Guatemala**	1	0		2	1	50% (1 of 2)

Source: UM&E of USAID| Central America Capacity Project

By national law, the Civil Service Office (ONSEC) of Guatemala is the institution responsible for the development of a human resources system for the public sector, including every government worker, not only health workers; and they informed the MOH that they were developing an official human resources information system for all ministries. Due to this development, the Project did not implement any new modules for the system.

The MOH Directorate General of Human Resources (DGRRHH), ONSEC, PAHO, and the Project came to agreement that the ONSEC system will be used for the HRM of permanent civil service employees. The MOH will continue utilizing iHRIS for temporary contract personnel. ONSEC proposes to integrate iHRIS into the platform of the Ministry of Finances (that is responsible for contract workers for all government dependencies) information system (SIAF). The Project has not received the official request on behalf of ONSEC at the time of reporting.

The iHRIS contracts module has generated 24,102 contracts of which 19,713 are still active. The database has a total of 60,502 registers of all categories of health workers. The MOH iHRIS team made data quality checks at the time of the creation of the contracts for the temporary employees eliminating contracts with duplicate employee and citizen ID numbers of current employees. However, the permanent worker data was imported from a previous registry and that information has not yet been validated.

The Project provided technical and financial assistance to the DGRRHH to conduct coordination and planning meetings with personnel from government entities, the MOH (including DECAP), PAHO, and the USAID Health and Education Policy Project (HEPP). A product of these meetings was the timeline of activities and minutes for follow up of the agreements of the participating institutions achieving 100% (3/3) of the target.

Table 4.3 Number of meetings from HRH Stakeholder's Leadership Group (SLG) for use of the information for effective human resources to make decisions for managing the health workforce in Guatemala. October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
4.1.3	**Number of meetings from HRH Stakeholder's Leadership Group (SLG) for use of the information for effective human resources to make decisions for managing the health workforce in Guatemala**	1	0		3	3	100% (3 of 3)

Source: UM&E of USAID| Central America Capacity Project

Moreover, the Project provided TA and financial assistance to the DGRRHH to conduct trainings on the contract modules focusing on its modifications and the use of the iHRIS training module achieving 110% (22/20) of the target number of central level workers trained in the use and application of iHRIS (Table 4.4).

Table 4.4 Number of health workers who successfully completed in-service training in human resources database use (central level), October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
4.1.4	**# of health workers who successfully completed in-service training in human resources database use (central level)**	10	0		20	22	110% (22 of 20)
	Male	8	0		16	15	94% (15 of 16)
	Female	2	0		4	7	175% (7 of 4)

Source: UM&E of USAID| Central America Capacity Project

All of the 22 health personnel that entered into iHRIS training achieved certification of competency.

100% (22 of 22) of health care personnel that initiate a training process in the use of iRHIS, achieve the minimum project requirements. (Table 4.5)

Table 4.5. Percentage of health workers who achieve the minimum competencies required to be certified as trained in iRHIS . October 2014 a September 2015.

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
4.1.5	**% of trainees who achieved the minimum required competencies**	80%	NA		80%	100% (22 of 22)

Source: UM&E of USAID| Central America Capacity Project

The central level of the DGRRHH replicated the trainings for the personnel in the departmental implementing units. At the moment 83 of these units have personnel trained in iHRIS, 100% (83/83) of the target (Table 4.6).

Table 4.6 Percentage of executing units that have trained personnel for the use of Human Resources Modules, October 2014 to September 2015 iHRIS, Guatemala

#	INDICADOR	Meta Trimestral	Logro Trimestral		Meta Anual	% de Logro Anual
4.1.6	**% of executing units that have trained personnel for the use of Human Resources Modules**	24% (20 de 83)	NA		100% (83 de 83)	100% (83 de 83)

Source: UM&E of USAID| Central America Capacity Project

During the fiscal year 2015, The Project provides TA to the Human Resources Directorate General from the MOH for the implementation of the HRIS as approved in Ministerial Decree 469-2014. The system is recognized in the country as a very useful tool for strengthening human resources management of MOH temporary personnel. Achieving 100% of the annual target set for this indicator. (Table 4.7)

Table 4.7 Percentage of executing units that have trained personnel for the use of Human Resources Modules, October 2014 to September 2015 iHRIS, Guatemala

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
HRH_HRIS	**Health Resource Information System (HRIS) Assessment Framework**	1	1		1	1	100%

Source: UM&E of USAID| Central America Capacity Project

Next steps:

- Provide TA to maintain the system and its current modules
- Follow up with ONSEC for iHRIS implementation in government agencies

5. SYSTEMATIZATION AND EXPANSION IN UPDATING THE CURRICULUM IN UNIVERSITIES AND NURSING SCHOOLS

➢ UPDATED HIV CURRICULA IN UNIVERSITIES AND NURSING SCHOOLS AS PART OF CURRICULUM STANDARDIZATION

The coordination with different higher education institutions to update their HIV curricula continued during this period. Of the 32 higher education schools in the region, the project had as a target to have 24 of them implementing updated curricula on HIV, of which 21 were achieved. The Project visited 88% (21/24) of the institutions implementing the updated contents (Table 5.1).

Table 5.1 Percentage of universities and nursing schools who implemented an updated HIV curriculum, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	% of Target
	# of universities and nursing schools who implemented an updated HIV curriculum	24	21		24	88% (21 of 24)
5.1.1	**% of universities and nursing schools who implemented an updated HIV curriculum**	75% (24 of 32)	66% (21 of 32)		75% (24 of 32)	66% (21 of 32)
	Belize	100% (1 of 1)	100% (1 of 1)		100% (1 of 1)	100% (1 of 1)
	Costa Rica	88% (7 of 8)	88% (7 of 8)		88% (7 of 8)	88% (7 of 8)
	El Salvador	63% (5 of 8)	50% (4 of 8)		63% (5 of 8)	50% (4 of 8)
	Guatemala	55% (5 of 9)	44% (4 of 9)		55% (5 of 9)	44% (4 of 9)
	Panama	100% (6 of 6)	83% (5 of 6)		100% (6 of 6)	83% (5 of 6)

Source: M&E of USAID| Central America Capacity Project

The National University in Belize correctly applied the updated curricula in the Faculty of Nursing, Allied Health and Social Work. The Project supported the National Nursing Council (CONE) in Costa Rica to monitor the nursing schools' implementation of the curricula, as part of the sustainability process. CONE confirmed the correct application of the curricula in the seven schools of higher education. In El Salvador, the Project provided TA for implementing the updated curricula in four higher learning institutions including three medical schools. In Guatemala the Project supported the implementation of the updated HIV curricula in four nursing schools and in Panama the Project continued TA with five health workers training institutions.

The Project trained 45% (103/228) of the target number of teaching faculty in LFP for HIV curricular transfer and updating, 20% were male and 80% female (Table 5.2).

Due to the transition process in accordance with PEPFAR guidelines, the Project worked with Belize University to plan trainings for the last period of the calendar year. The agreement was to transfer the HIV curricula contents in order to have more faculty members capable to deliver the content to students. In Costa Rica faculty from the seven schools implementing the curricula were invited to a workshop on Positive Health with Dignity and Prevention. CONE convened 14 faculty members who were certified in the thematic area. The workshop, at the request of the Nursing School, was recognized for continuing education credit. As part of the curricula and to comply with the 24 hours for credit the participants attached an action plan showing their follow up activities.

The University of El Salvador, School of Medicine trained nine faculty members in transferring the updated curricula. IEPROES trained 19 nursing faculty in adherence to ART. A challenge in reaching this goal was that the workshop was 16 hours which implied two full working days, which complicated matters due to the faculty work part time in the universities and spend the rest of their time in their respective hospitals.

The Project continued supporting the MOH nursing schools in Guatemala. The schools in Quetzaltenango and Coban requested updates for their faculty and 14 faculty members received the first of two days training with the support of the Nursing School of the West (ENEO). Moreover, the MOH HR Training Department requested that the Project train the faculty of the private nurse auxiliary schools recognized by the MOH.

Table 5.2 Number of university teachers who successfully completed the training program, October 2014 to September 2015

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual	% of Target
5.1.2	**# university teachers who successfully completed the training program, 1) Learning for Performance, 2) Content transfer and curricular methodology, and 3) HIV subjects update**	0	57		228	103	45% (103 of 228)
	Male	0	9		78	21	27%
	Female	0	48		150	82	55%
Belize	**University Teachers**	0	0		17	2	12%
	Male	0	0		8	1	13%
	Female	0	0		9	1	11%
Costa Rica	**University Teachers**	0	14		21	14	67%
	Male	0	2		10	2	20%
	Female	0	12		11	12	109%
El Salvador	**University Teachers**	0	19		65	33	51%
	Male	0	4		25	11	44%
	Female	0	15		40	22	55%
Guatemala	**University Teachers**	0	14		50	14	28%
	Male	0	2		20	2	10%
	Female	0	12		30	12	40%
Panama	**University Teachers**	0	10		75	40	53%
	Male	0	1		15	5	33%
	Female	0	9		60	35	58%

Source: M&E of USAID| Central America Capacity Project

Panama is pending training of the faculty of the Latin University Medical School once the final curriculum is approved by the University.

One hundred per cent (103/103) of the faculty members that entered a training program met the Project requirements for competency certification. (Table 5.3).

Table 5.3 Percentage of university teachers who achieve the minimum competencies required to be certified as trained. October 2014 a September 2015.

#	INDICATOR	Quarter Target	Actual		Annual Target	Actual
5.1.3	**% of trainees who achieved the minimum required competencies**	80%	100% (103 of 103)		80%	100% (103 of 103)

Source: UM&E of USAID| Central America Capacity Project

Next steps:

- Transfer the curricula training to Belize University/Belize City Campus schools of Social Work, Pharmacy and Nursing
- Update and transfer the curricular contents to all areas of the Faculty of Sciences in the Universidad Autónoma de Santa Ana (UNASA) in El Salvador and Universidad Latina in Panama.
- Follow up ENEO workshop for the private nursing schools faculty.
- Since the Project no longer will support updating the HIV curricula, it will conduct recognition activities in all countries during the coming quarter.

II. ADMINISTRATIVE REPORT

➢ EMPLOYEES AND CONSULTANTS

During this FY second Quarter and in accordance with the Project's planned activities, the following employees' contracts were completed: Regional Project Manager, CCR Technical Advisor, SW Field Coordinator, the IT Officer, and one Financial Officer. Additionally, one Field Coordinator, in Guatemala, resigned his position. In Belize Mr. Marconie Moh resigned his position as Field Coordinator and the current plan is to keep this position unfilled. Resulting from a review of the Project structure, the Administrative and Finance Assistant in Guatemala was replaced.

As part of a project restructuring, Ms. Nuria Gatell was appointed as Regional Project Manager, Dr. Estuardo Diaz is the CCR Technical Advisor and Ms. Bernardita Armas is the OPQ Technical Advisor.

Following the Project's restructuring Ms. Alejandra de la Hoz was hired in October 2014 and in September 2015 was appointed as Administrative and Finance Officer to the Guatemala Country Office. Dr. Berta Taracena was appointed as Guatemala Country Representative in November 2014.

Two Field Coordinators started in the Guatemala Country Office in September 1, 2015 (Ms. Monica Gonzalez in Quetzaltenango and Ms. Marisela Miranda in San Marcos). In the Finance Unit, the Procurement Assistant position switched to a Finance Officer position. Ms. Marina Gonzalez was hired to fill this position. As commented on the Financial Report section these changes did not affect the approved budget line items which refers to the total LOP funding.

➢ OTHER RELEVANT ACTIVITIES

Two internal project regional workshops were conducted during this FY. One workshop was held in October 2014, to identify challenges and implementation gaps and appraise achievements, and plan for the new fiscal year. The second one was in July 2015 to discuss the new project structure, review challenges, gaps and develop the following Quarter and Fiscal Year work plans.

III. FINANCIAL REPORT

The FY 2015 started with a pipeline of $1,135,193. Modification 9 (dated January 15, 2015) added $1,425,000 and Modification 10 (dated May 8, 2015) added $1,236,883. During FY 2015 the project executed a total of $2,842,609 and ended with a pipeline of $954,467. Project execution during this fiscal year reflects the changed NICRA from 28.28 percent to 27.52 percent.

The chart below shows the budget execution (referred to the Regional Funds)

USAID/ CENTRAL AMERICA CAPACITY PROJECT
YEAR IV (OCTOBER 2014 - SEPTEMBER 2015)
BUDGET EXECUTION

BUDGET LINE ITEM	TOTAL	Belize	Costa Rica	El Salvador	Guatemala	Panama	Regional Office	Accounts Payable
Strengthening the Quality of Care and Improving the Quality of Life for PLWA	2,035,460	180,493	135,186	195,385	197,472	241,543	1,085,381	
Procurement	7,029			245		1,140	5,644	
Training	104,174	29,040	12,994	34,498	22,545	5,097		
Indirect Expenses	635,220	56,952	40,230	62,733	80,313	67,460	327,533	
TOTAL	2,781,884	266,484	188,410	292,861	300,330	315,239	1,418,558	-

Modification No. 9, dated January 15, 2015, revised the Cooperative Agreement Budget defined on Modification No. 6, as shown on this table.

These budget figures, as approved on Modification No. 9 remain as the target for EOP date. As of this date no change to this approved budget is foreseen.

Modification No. 10, dated May 8, 2015, obligated $1,236,883 ($1,075,000 to the Regional Program and $161,883 to the Bilateral Program, destined to implement the iHRIS component). Because of this the LOP funding (Regional Funds) adds up to $10,938,117 plus the Bilateral Funds of $161,883; totaling $11,100,000.

Pipeline Analysis

This pipeline analysis table below shows the available funds for budgeting which add-up from the pending obligation amount ($1,300,014) and funds available at the end of FY2015 ($954,457) for a total of ($2,254,481).

TOTAL LOP FUNDING AS PER MODIFICATION No. 6			$ 11,100,000
Expenses through September 30, 2013	$	3,101,817	
Actual expenses from October 2013 to September 2014	$	2,901,093	
Actual expenses from October 2014 to September 2015	$	2,842,609	$ 8,845,519
Funds Available for Project Year No. 5 Budget			$ 2,254,481
Available for Regional Program Budget			$ 2,153,324
Available for Bilateral Program Budget (iHRIS)			$ 101,157
			$ 2,254,481
TOTAL LOP FUNDING AS PER MODIFICATION No. 6			$ 11,100,000
Obligated through September 30, 2013	$	3,579,281	
Obligated Modification 6	$	1,060,199	
Obligated Modification 7	$	522,499	
Obligated Modification 8	$	1,976,124	
Obligated Modification 9	$	1,425,000	
Obligated Modification 10	$	1,236,883	$ 9,799,986
Pending Obligation			$ 1,300,014
Funds available at the end of Project Year 4 -Regional-	$	853,310	
Funds available at the end of Project Year 4 -Bilateral- (iHRIS)	$	101,157	$ 954,467
Funds available for FY2016 Budget			$ 2,254,481

As shown on the table, obligated (unspent) amount at the end of FY2015 includes $883,310 (Regional Funds) and $101,157 (Bilateral Funds).

Cost element	EOP Budget
Strengthening the quality of care and improving the quality of life for people livieng with HIV and other vulnerable populations.	$7,255,484
Procurement	$195,726
Training	$1,082,188
Indirect Costs	$2,566,602
Bilateral Funds (per Modification No. 10)	($161,883)
Total Federal Funds	**$10,938,117**
Cost Share	$1,665,000
Total Program Amount (USAID+Cost Share)	**$12,603,117**

The current plan is to use funds available at the end of FY2015 to support project expenditures for the first quarter of FY2016. The average monthly expenditure in FY2015 was $236,900. Current projections, for the first quarter of FY2016, estimate the monthly average expense at $217,700 for a quarterly total of $653,100. In accordance with this estimate the projected pipeline as of December 31, 2015 is $200,000. Current funds available are planned to fund the transition activities during the first quarter of

FY2016. These activities are transitional until receipt of the agreement modification which is expected to shift project activities on the fast track, while providing additional funding.

Cost – Share

The required LOP cost share contribution is $1,665,000. During the FY2015 the project reached $1,685,820 or 102 percent of the required amount. The majority of this amount comes from efforts to implement the OPQ strategy through the Ministry of Health (MOH), partner hospitals and the National AIDS Programs.